

**Best Available Copy**

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1							51	/			
2		1					52	/			
3							53	/			
4		1					54	/			
5							55	/			
6		1					56	/			
7							57	/			
8		1					58	/			
9							59	/			
10		1					60	/			
11							61	/			
12		1					62	/			
13							63	1			
14		1					64	1	1		
15							65	1			
16		1					66	1			
17							67	1			
18		1					68				
19							69				
20		1					70				
21							71				
22		1					72				
23							73				
24							74				
25							75				
26		1					76				
27							77				
28		1					78				
29							79				
30		1					80				
31							81				
32		1					82				
33							83				
34		1					84				
35							85				
36		1					86				
37							87				
38		1					88				
39							89				
40		1					90				
41							91				
42		1					92				
43							93				
44		1					94				
45							95				
46		1					96				
47							97				
48		1					98				
49							99				
50		1					100				
TOTAL IND.							TOTAL IND.	3			
TOTAL DEP.							TOTAL DEP.	64			
TOTAL CLAIMS							TOTAL CLAIMS	67			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS